

Fig. 1

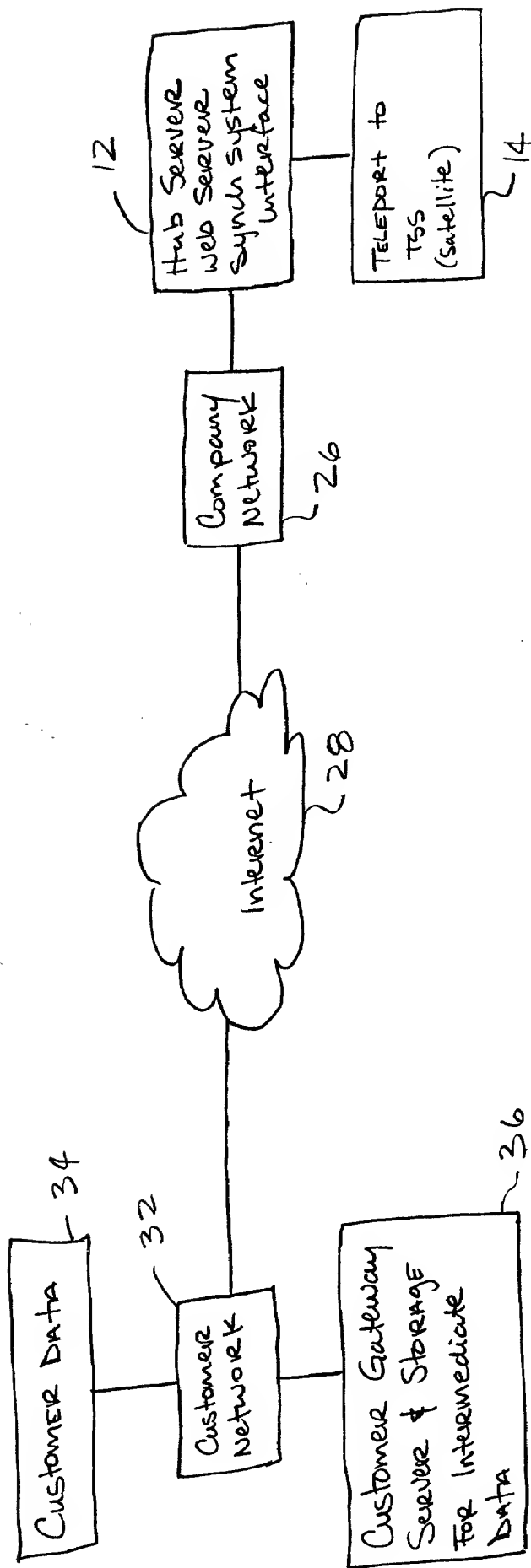


Fig 2

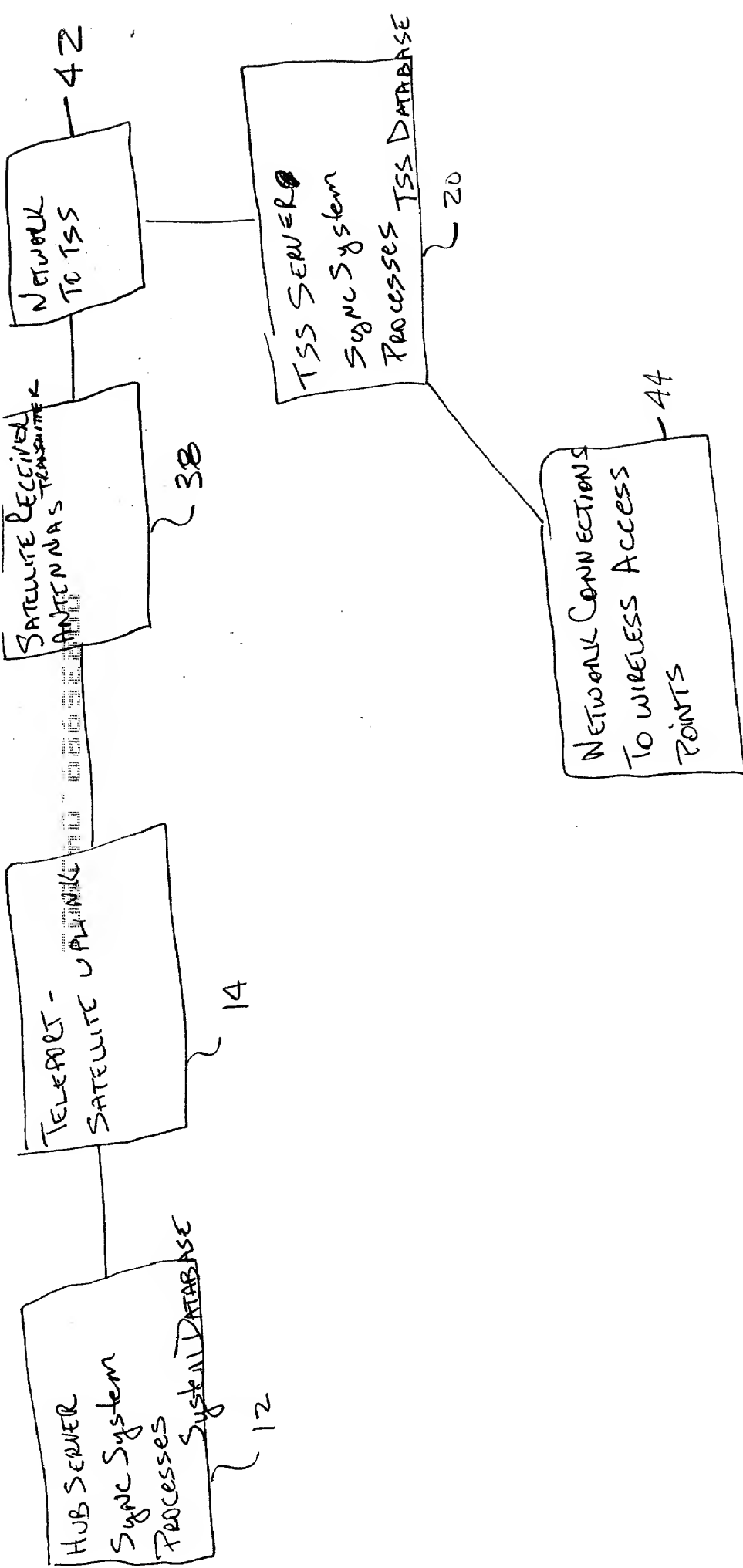


Fig. 3

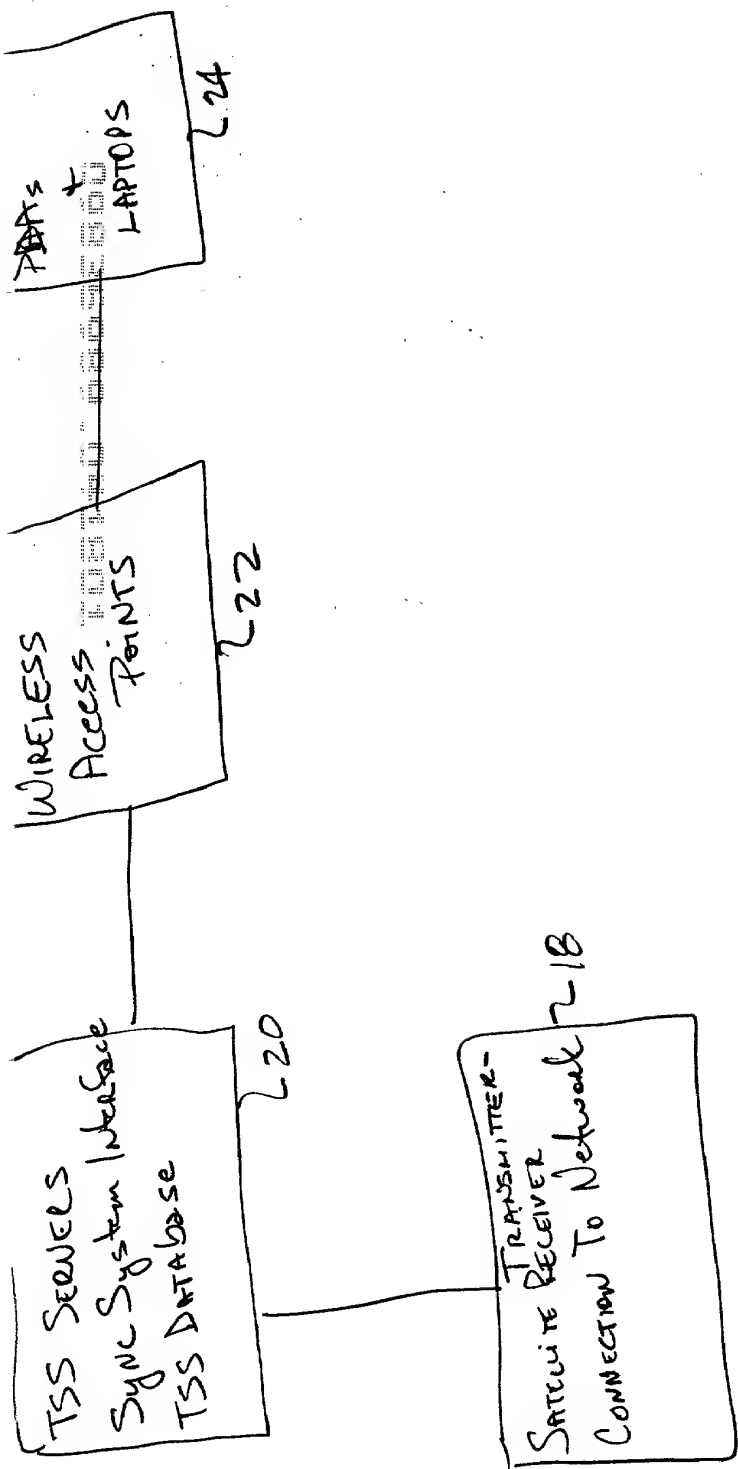


Fig. 4

Synchronization Packet Detail

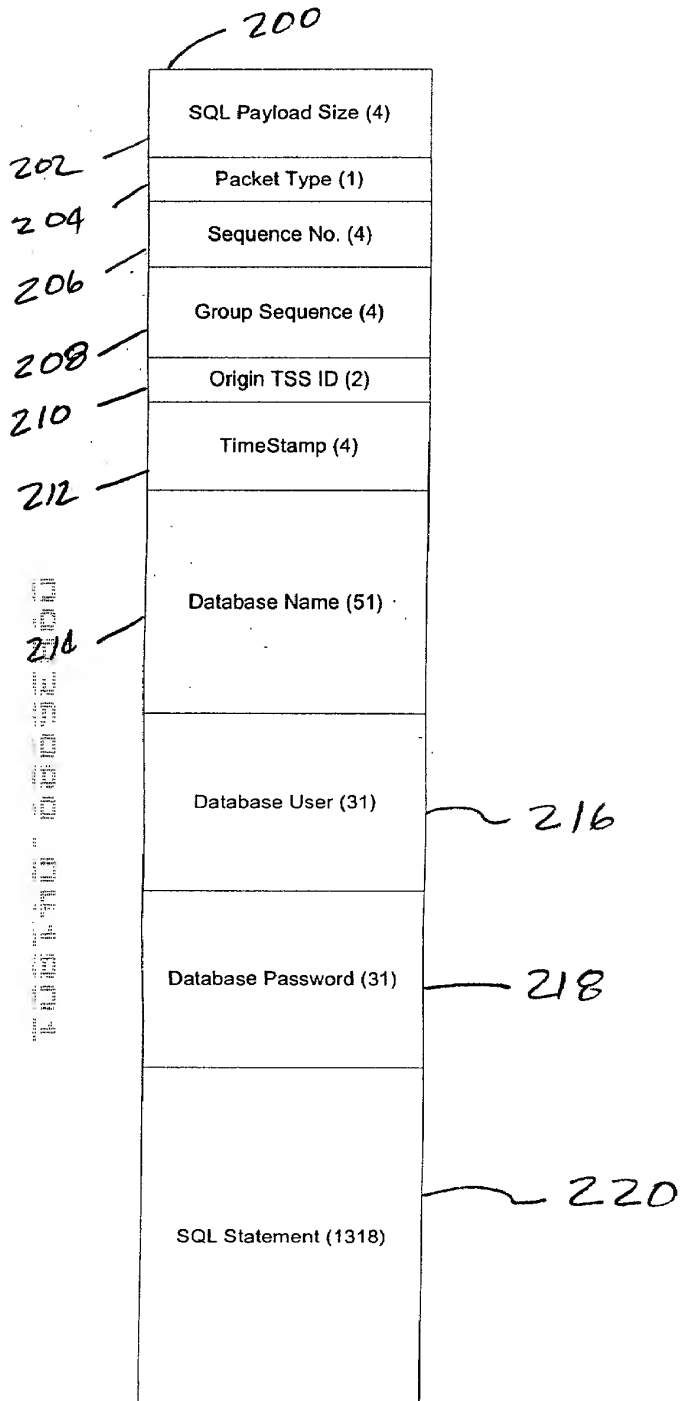


Fig 5

Electronic Loads

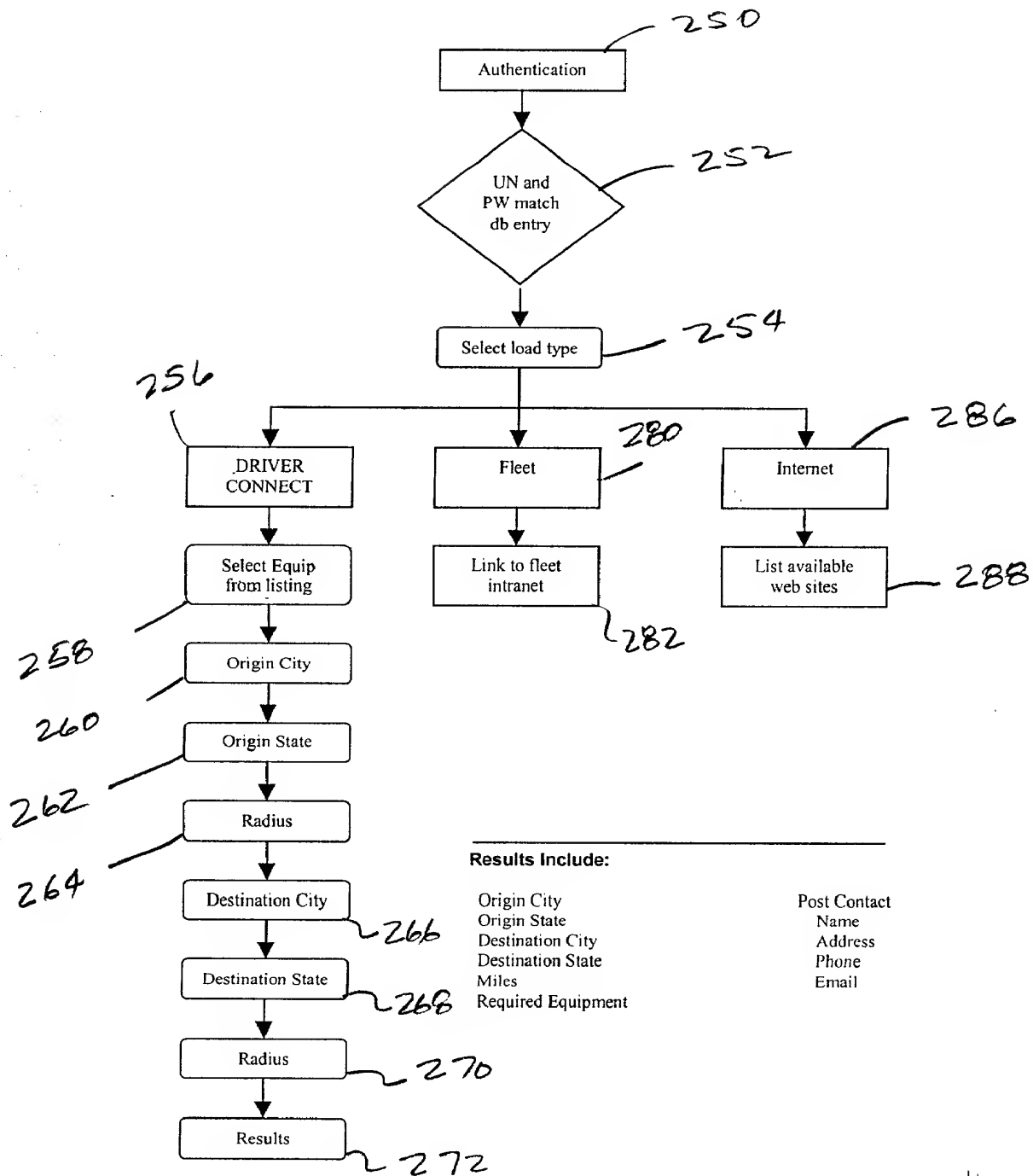


Fig 6

Equipment Types

Description	Equipment Type	Search Class
Container		
Container, Insulated	CI	C
Container, Refrigerated	CR	C
Container, Regular	C	C
Decks, Standard		
Drop Deck or Step Deck	SD	D
Double Drop	DD	D
Flatbed	FD	D
Decks, Specialized		
Double Drop	DD	X
Drop Deck, Land All	LA	X
Dump Trailer	DT	X
Flatbed, B-Train	BT	X
Flatbed, Hotshot	FH	X
Flatbed, Maxi	MX	X
Lowboy	LB	X
Removable Gooseneck	RG	X
Stretch Trailer	ST	X
Truck & Trailer	TT	X
Dry Bulk		
Hopper Bottom	HB	B
Pneumatic	PN	B
Flatbeds		
Flatbed	F	F
Flatbed, Air Ride	FA	F
Flatbed, B-Train	BT	F
Flatbed, Double	F2	F
Flatbed, Driver Team	FM	F
Flatbed, Maxi	MX	F
Flatbed, Step Deck	FD	F
Flatbed, Van	FV	F
Flatbed, Van w/ Reefer	FR	F
Flatbed w/ Sides	FS	F
Flatbed w/ Tarps	FT	F
Truck & Trailer	TT	F
Van or Flatbed	VF	F
Van or Flatbed w/ Tarps	VT	F
Hazardous Materials		
Flatbed, HazMat	FZ	Z
Reefer, HazMat	RZ	Z
Van, HazMat	VZ	Z
Other Equipment		
Auto Carrier	AC	O

Fig. 7A

Reefers		
Flat/Van/Reefer	FR	R
Reefer	R	R
Reefer, Air Ride	RA	R
Reefer, Double	R2	R
Reefer, Driver Team	RM	R
Reefer or Van	RV	R
Van or Reefer	VR	R
Tankers		
Tanker, Aluminum	TA	T
Tanker, Steel	TS	T
Vans, Standard		
Flatbed or Van	FV	V
Flatbed/Van/Reefer	FR	V
Reefer or Van	RV	V
Van	V	V
Van, Air Ride	VA	V
Van, Double	V2	V
Van, Driver Team	VM	V
Van, Insulated	VI	V
Van, Lift Gate	VG	V
Van, Triple	V3	V
Van, Vented	VV	V
Van or Flatbed	VF	V
Van or Flatbed w/Tarp	VT	V
Van or Reefer	VR	V
Van w/Curtains	VC	V
Vans, Specialized		
Moving Van	MV	S
Van, Double	V2	S
Van, Driver Team	VM	S
Van, Triple	V3	S
Van, Hotshot	VH	S
Van, Insulated	VI	S
Van, Open Top	OT	S
Van, Roller Bed	VB	S
Van, Vented	VV	S
Van w/Curtains	VC	S

Fig. 7B

eLogbook

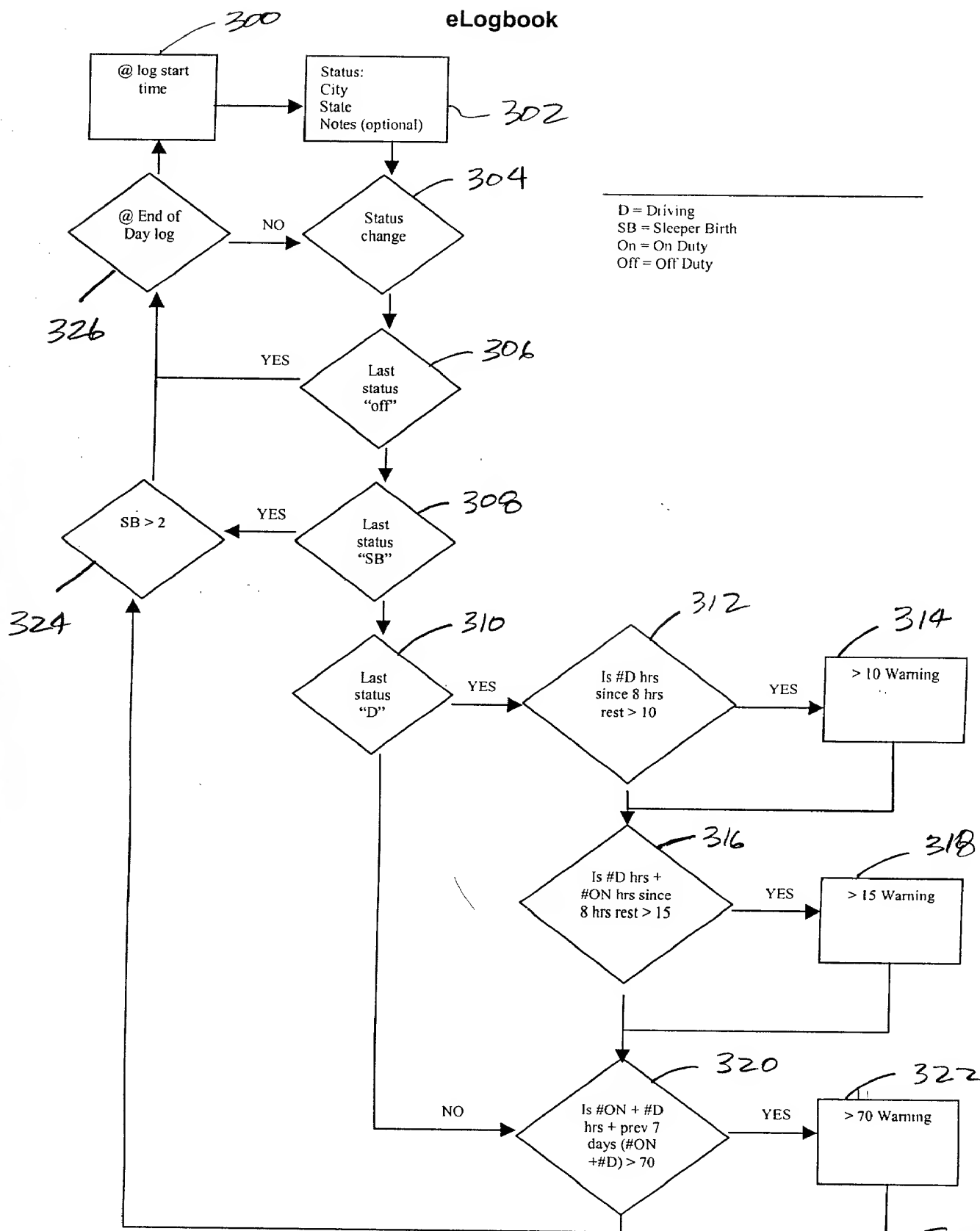


Fig. 8

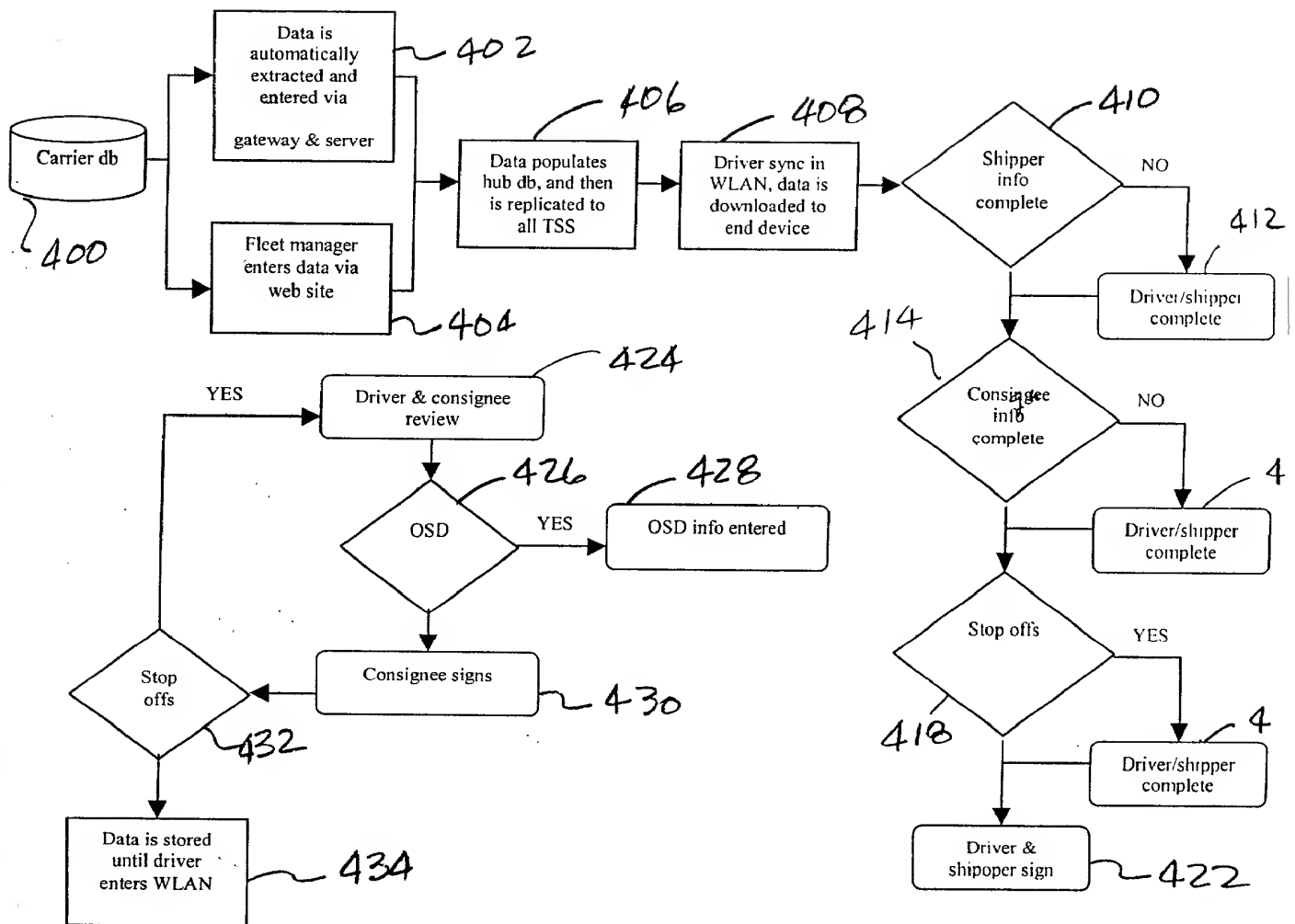


Fig 9

HUB Incoming Data Management

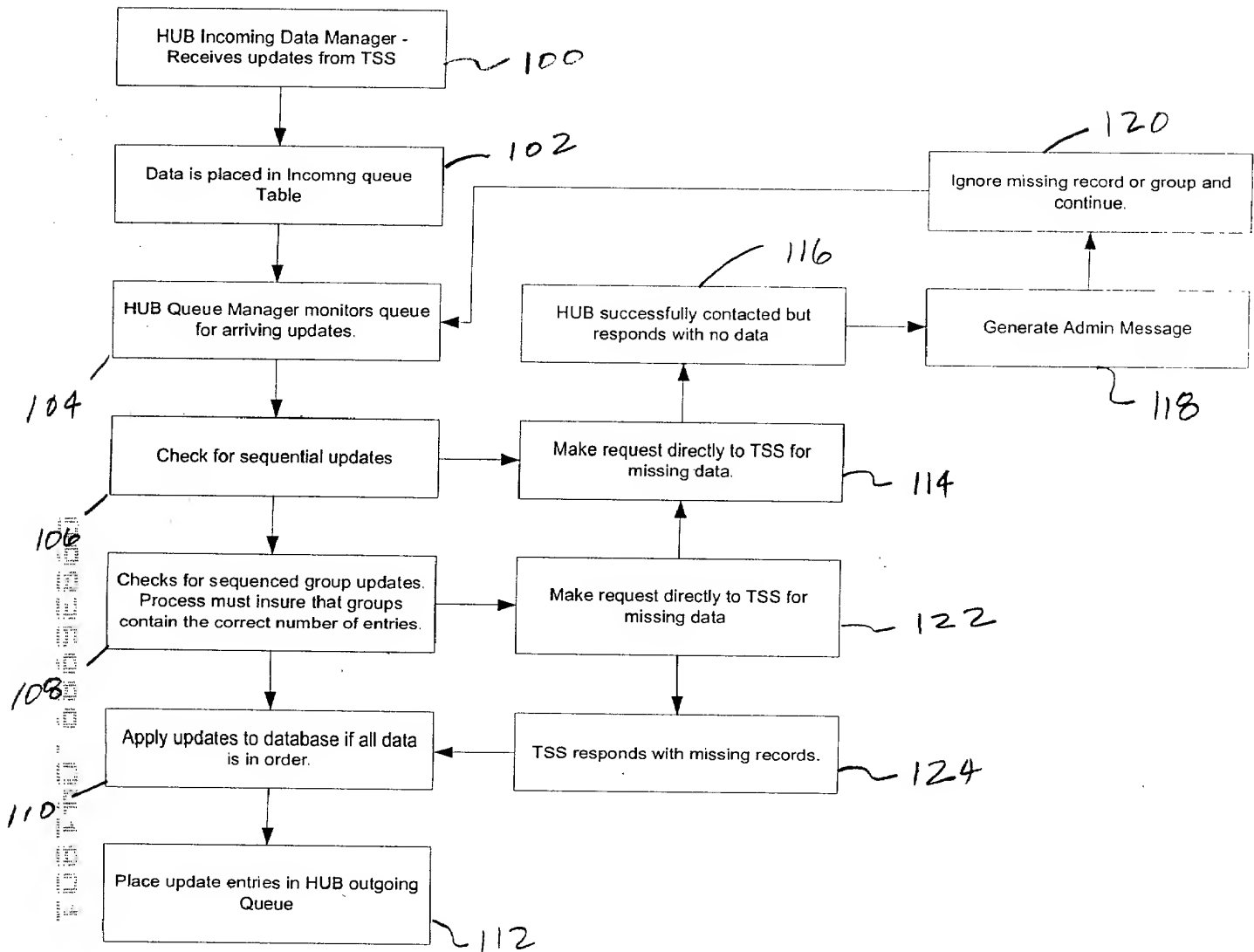


Fig. 10

HUB Outgoing Data Management

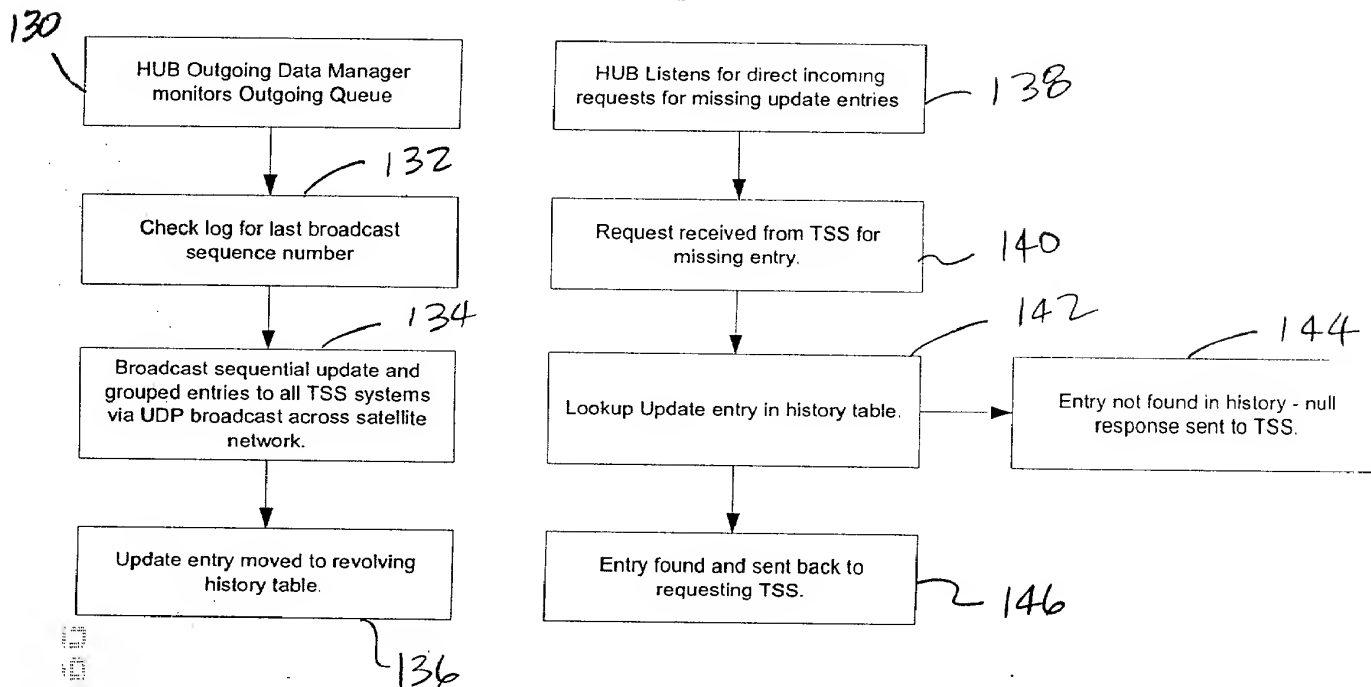


Fig. 11



Fig. 12

TSS Outgoing Data Management

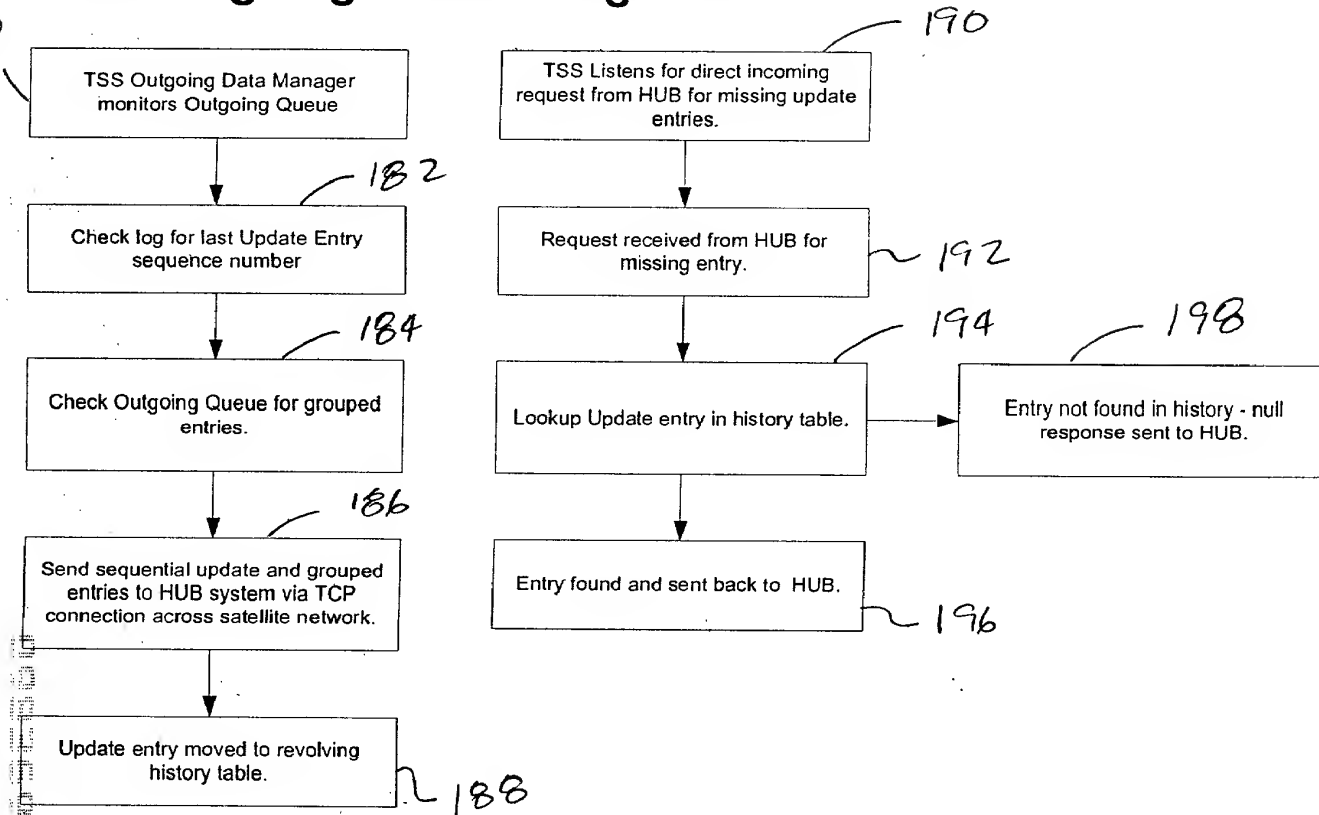


Fig. 13

Electronic Freight Bills Welcome! Store your shipping documents and capture all required signatures using this application! <table border="0"> <tr> <td>Shipper</td> <td>Consignee</td> </tr> <tr> <td>Originators, Inc.</td> <td>Destinations, Inc.</td> </tr> </table>	Shipper	Consignee	Originators, Inc.	Destinations, Inc.	Bill Of Lading Menu Load Number: 1111 Origin: Originators, Inc. Destination: Destinations, Inc. <table border="0"> <tr> <td></td> <td>Info</td> <td>Signature</td> </tr> <tr> <td>* Shipper</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>* Consignee</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>* Carrier(s)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>* B/L Data</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </table> Delete Notes Main Menu		Info	Signature	* Shipper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* Consignee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* Carrier(s)	<input type="checkbox"/>	<input type="checkbox"/>	* B/L Data	<input checked="" type="checkbox"/>	
Shipper	Consignee																			
Originators, Inc.	Destinations, Inc.																			
	Info	Signature																		
* Shipper	<input checked="" type="checkbox"/>	<input type="checkbox"/>																		
* Consignee	<input checked="" type="checkbox"/>	<input type="checkbox"/>																		
* Carrier(s)	<input type="checkbox"/>	<input type="checkbox"/>																		
* B/L Data	<input checked="" type="checkbox"/>																			
Shipper Info Load Number: 1111 Name: Originators, Inc. Address: 1111 NW 12th St. City: Blahsville State: ▼ BL Zip: 99558 Phone: 99558 Directions: The directions are too vague on this freight bill. Had to call shipper to get. Sign Cancel Done	Shipper Info Load Number: 1111 Name: Originators, Inc. Address: 1111 NW 12th St. City: Blahsville State: ▼ BL Zip: 99558 Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div> © Cancel Ok																			
Consignee Info Load Number: 1111 Name: Destinations, Inc. Address: 1515 SW 11th Ave. City: Bordonville State: ▼ BV Zip: 115 Phone: 111-111-1111 Directions: No directions because it's very easy to find. Sign OSD Stop Off Cancel Done	Consignee Info Load Number: 1111 Name: Destinations, Inc. Address: 1515 SW 11th Ave. City: Bordonville State: ▼ BV Zip: 115 Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div> © Cancel Ok																			
OSD Notes <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Cancel Done	Carrier Info (1 of 1) Load Number: 1111 Name: Trucking Company, Inc. Tractor No.: 115 Trailer No.: 112 Trans Loc: Sign Add Cancel Done																			
Carrier Info (1 of 1) Load Number: 1111 Name: Trucking Company, Inc. Tractor No.: 115 Trailer No.: 112 Trans Loc: Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div> © Cancel Ok	Bill Of Lading Info Load Number: 1111 Bill Number: 2222 Shipment Date: 7/20/00 Payment: ▼ Collect C.O.D Amount: 0.00 C.O.D. Fees: 0.00 Charges Adv: 0.00 Declared Value: 1000.85 Items Cancel Done																			

Fig. 14A

Driver Application Welcome! Please fill out as much of the following information as possible. You will need to have your drivers license, safety record, and employment history available. <div> <div>List Apps</div> <div>New Driver App</div> </div>	List Name On Application: John Andrews <div> <div>Delete</div> <div>Edit</div> <div>Main</div> </div>
Personal Information Name: Address: City: State: ▾ Zip: Phone: E-mail: SSAN: <div> <div>↑</div> <div>Cancel</div> <div>Continue</div> </div>	Driver's License Information License No: License St: ▾ Expiration: Birthdate: Current CDL class?: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C HazMat endorsed?: <input type="checkbox"/> Yes Double or triple endorsed?: <input type="checkbox"/> Yes Tank trailer endorsed?: <input type="checkbox"/> Yes <div> <div>Back</div> <div>Continue</div> </div>
Safety Record <input type="checkbox"/> Any accidents in last 3 years? <input type="checkbox"/> Any tickets in last 3 years? <input type="checkbox"/> DUI/DWI in last 7 years? <input type="checkbox"/> Ever convicted of a felony? <input type="checkbox"/> Had license suspended/revoked? <div> <div>Back</div> <div>Continue</div> </div>	Types of Training <input type="checkbox"/> Refer Operations <input type="checkbox"/> QualComm Operations <input type="checkbox"/> Highway Master Operations <input type="checkbox"/> Flatbed Rigging <input type="checkbox"/> Car Hauling <input type="checkbox"/> Household Mover <input type="checkbox"/> Tanker Operations <input type="checkbox"/> Electronics/Computer Transport <div> <div>Back</div> <div>Continue</div> </div>
Current Employer Company: Address: City: State: ▾ Zip: Phone: Contact: <div> <div>↑</div> <div>Back</div> <div>Continue</div> </div>	Employment Detail Type of Work: Start Date: End Date: <div> <div>Back</div> <div>Continue</div> </div>
Disclaimer I certify that I personally completed this application and that all of the information is true and correct. I hereby request and authorize any company that receives this application to cause to <div> <div>Applicant's Signature:</div> <div> <div></div> <div> <div>Disagree</div> <div>Agree</div> </div> </div> </div>	<div>11</div>

Fig. 15